

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number II - <u>25796</u>	2. Fiscal Year Covered From: <u>1 / 1 / 05</u> Through: <u>12 / 31 / 05</u>
3. Name and address of person filing. Name <u>Stephen R Fantuzzi</u> P.O. Box, Bldg., Room No., if any Street <u>3840 N Delaware</u> City <u>Indianapolis</u> State <u>IN</u> ZIP Code +4 <u>46205</u>	4. Name, file number, and address of labor organization. Name <u>AFL-CIO</u> Labor Organization File Number <u>000289</u> P.O. Box, Building and Room Number, if any Street <u>1625 K ST NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code +4 <u>20036</u>
5. Position in labor organization. <u>Regional Staff (Central - Region, Director)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Harvard University</u> Trade Name, if any: <u>Labor's Workplace Program</u> <u>110 E. Bernard</u> P.O. Box, Bldg., Room No., if any Street <u>125 Mr. Auburn St.</u> <u>3rd Fl</u> City <u>Cambridge</u> State <u>MA</u> ZIP Code +4 <u>02138</u>	7.a. Nature of Interest, Transaction, or Income. <u>Hedging & Meats @</u> <u>Required Union Leaders</u> <u>Institute</u> 7.b. Amount. <u>98472</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

3/20/06
Date

317-917-0723
Telephone Number

Name of Person Filing <u>Steve Fantuzzo</u>	File Number U-
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B. He'd an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Art Kern Inc. Co.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>120 Monument Circle</u> City <u>Indianapolis</u> State <u>IN</u> ZIP Code + 4 <u>46204</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> <u>labor fiduciary Committee</u> <u>Meetings - per diem.</u> </div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <u>\$ 1750⁰⁰</u>

**STEVE FANTAUZZO
AFSCME CENTRAL DISTRICT
445 N PENNSYLVANIA STREET, SUITE 300
INDIANAPOLIS, IN 46204**

Copy B, For Recipient
For calendar year ending 2005
1099-MISC, MISCELLANEOUS INCOME
OMB No. 1545-0115

The following information reflects the amount of money paid to the Person/Organization for the calendar year ending 2005. This is important information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Report this income on your Federal Tax Return. This notice is in lieu of a 1099 form and is for your personal file.

Payer: ANTHEM INSURANCE CO., INC.
120 MONUMENT CIRCLE
INDIANA POLIS, IN 46204
350781558
(513) 475-2990

Payee: STEVE FANTAUZZO
AFSCME CENTRAL DISTRICT
445 N PENNSYLVANIA STREET, SUITE 300
INDIANAPOLIS, IN 46204

Box 7.	NON-EMPLOYEE COMPENSATION	\$1,750.00
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Tax ID Number: 371660937